

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000104311**



1. Entity Name

LIFESTYLE PRODUCTIONS, INC.

03 MAR 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2624 N.E. 28 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FLORIDA

City & State

4. FEI Number
65-0965479

Applied For
Not Applicable

Zip
33306

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **FRANCOIS VAUTOUR**

Street Address (P.O. Box Number is Not Acceptable)

2624 N.E. 28 STREET

City **FT. LAUDERDALE**

FL

Zip Code
33306

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
FRANCOIS VAUTOUR
2624 N.E. 28 STREET
FT LAUDERDALE FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900014684139
03/25/03--01068--006 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
RONALD HETHERINGTON
2624 N.E. 28 STREET
FT LAUDERDALE FL 33306

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03 **954 630-9114**
Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

202

LIFESTYLE PRODUCTIONS, INC.
2624 N.E. 28 STREET
FT. LAUDERDALE, FL 33306

February 20, 2003

Secretary of State
Uniform Business Report
Division of Corporations
P.O. Box-1500
Tallahassee, FL 32302-1500

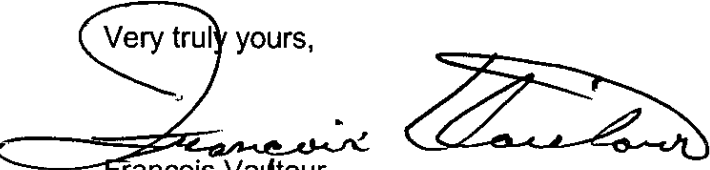
RE: Lifestyle Productions, Inc.

To Whom It May Concern:

Enclosed is a completed Uniform Business Report for Lifestyle Productions, Inc. along with a check in the amount of \$300.00. I am requesting that my corporation be reinstated and that the additional reinstatement fees be waived due to the fact that I did not receive the original or subsequent Uniform Business Report forms.

Thank you for your cooperation in this matter.

Very truly yours,


Francois Vautour
President